

Work Experience:

1. Present or most recent employer: _____ Phone: _____
Address: _____
Your position: _____ Supervisor: _____
Date started: _____ Date left: _____ Salary: _____
Your duties: _____
Reason for leaving: _____
May we contact your supervisor? Yes: ___ No: ___
If yes, include supervisor's phone number: _____
2. Employer (prior to #1): _____ Phone: _____
Address: _____
Your position: _____ Supervisor: _____
Date started: _____ Date left: _____ Salary: _____
Your duties: _____
Reason for leaving: _____
Supervisor's name and phone number: _____
3. Employer (prior to #2): _____ Phone: _____
Address: _____
Your position: _____ Supervisor: _____
Date started: _____ Date left: _____ Salary: _____
Your duties: _____
Reason for leaving: _____
Supervisor's name and phone number: _____

If you do not wish to have your present employer/supervisor contacted, please provide the name and phone number of two - three (2-3) work-related references:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Disciplinary History:

Have you ever been discharged or asked to resign from a position? No: ___ Yes: ___

Have you been convicted of a criminal conduct offense other than a minor traffic violation? No: ___ Yes: ___

If yes, please explain: _____

Have you ever been convicted of an offense involving sexual molestation, physical or sexual abuse, rape of a child, or any felony? No: ___ Yes: ___

Have you ever been convicted on a drug or alcohol related charge? No: ___ Yes: ___

Do you give permission to the district to conduct a criminal background investigation? No: ___ Yes: ___

Are you willing to provide fingerprints if required? No: ___ Yes: ___

Military Background:

Past: Branch of service: _____ Serial #: _____

Length of service: From: _____ To: _____

Discharge status: _____

Present: Selective Service Classification: _____

Local Board Number and Address: _____

Member of the National Guard? No: ___ Yes: ___

Member of the Reserve Unit? No: ___ Yes: ___ Ready: ___ Standby: ___

Unit attached to and address: _____

General Information:

Are you able to perform the essential functions of the position? No: ___ Yes: ___

If no, please explain: _____

Would you be willing to work overtime if needed? No: ___ Yes: ___

Date you are available to begin work? _____

In case of emergency, who should be notified? _____

Emergency contact relation to you: _____ Phone: _____

Cell phone: _____

If Employed:

1. I agree to abide by and observe all rules and regulations of the District.
2. I understand that completion of a physical examination may be required prior to beginning employment. As a new employee, the cost of this initial exam would be my financial responsibility.
3. I understand that employment depends on successful completion of a probationary period to the satisfaction of the District.

I certify that all statements in this application are true, and I agree and understand that any misstatement or willful omission of material facts may be cause for immediate termination of employment. I understand that I am applying for employment with the Midland Community School District, who uses an outside source to verify information that I have provided on my application.

I understand that investigative background inquiries and verifications will be made on myself, which may include criminal, driving, employment, education records, verification of name, social security trace, workers compensation claims, and/or civil records. The report may include information about my character, job performance, work habits, rehire, education and references. I understand that I release all liability from the

company performing my background investigation and consent to the disclosure of information to the Midland Community School District.

Social Security Number: _____ Date of Birth: _____
Driver License: _____

Former addresses for the last 10 years:

1. _____
2. _____
3. _____
4. _____

Applicant's Signature: _____
Date: _____

Notice of Nondiscrimination:

It is the policy of Midland Community School District not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, religion, creed, sexual orientation, age (for employment), and actual or potential family, parental, or marital status (for programs). If you have a question or complaint related to this policy, or for information about the district's grievance procedures, please contact Lacie Jordan, 106 W Webster Street, Wyoming, IA 52362, (319) 259-5340, midlandhr@midland.k12.ia.us or the Director of the Office for Civil Rights, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, Telephone: (303) 844-5695 FAX: (303) 844-4303, TDD: (800) 877-8339, Email: OCR.Denver@ed.gov.